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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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FORM**

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Total Number of Pages in This Submission

Application Number	10/817,612
Filing Date	04/02/2004
First Named Inventor	Laghi, Aldo A.
Art Unit	1714
Examiner Name	Not assigned
Attorney Docket Number	48771/24133

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Carlton Fields, P.A.		
Signature			
Printed name	C. Douglas McDonald		
Date	06/03/05	Reg. No.	26,659

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	C. Douglas McDonald	Date	06/03/05

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/817,612
Filing Date	04/02/2004
First Named Inventor	Laghi, Aldo A.
Art Unit	1714
Examiner Name	Not assigned
Attorney Docket Number	48771/24133

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 24108

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Carlton Fields, P.A.				
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City	Tampa	State	FL	Zip	33601-3239
Country	USA				
Telephone	(813) 223-7000	Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	Aldo A. Laghi, President of Alps South Corporation (Assignee)				
Date	5/26/05	Telephone	(727) 528-8566		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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